TREPHO TERRACE

8300 WEST BELIT ROAD

	Ownership:	Non-Profit Corporation
365	Highest Level License:	Skilled
No	Operate in Conjunction with CBRF?	No
28	Title 18 (Medicare) Certified?	No
28	Title 19 (Medicaid) Certified?	Yes
25	Average Daily Census:	26
	365 No 28 28	365 Highest Level License: No Operate in Conjunction with CBRF? 28 Title 18 (Medicare) Certified? 28 Title 19 (Medicaid) Certified?

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02)						
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	40.0		
Supp. Home Care-Personal Care	No					1 - 4 Years	40.0		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	20.0		
Day Services	No	Mental Illness (Org./Psy)	56.0	65 - 74	4.0				
Respite Care	No	Mental Illness (Other)	4.0	75 - 84	48.0		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	40.0	**********			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.0	Full-Time Equivalent			
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Resident			
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)			
Other Meals	No	Cardiovascular	8.0	65 & Over	100.0				
Transportation	No	Cerebrovascular	12.0			RNs	13.5		
Referral Service	No	Diabetes	0.0	Sex	양	LPNs	13.0		
Other Services	No	Respiratory	4.0			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	16.0	Male	0.0	Aides, & Orderlies	30.5		
Mentally Ill	No	1		Female	100.0				
Provide Day Programming for		İ	100.0						
Developmentally Disabled	No	İ			100.0				
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Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay			amily Care			anaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	્	Per Diem (\$)	No.	o _l o	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	15	83.3	125	0	0.0	0	7	100.0	156	0	0.0	0	0	0.0	0	22	88.0
Intermediate				3	16.7	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	12.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		18	100.0		0	0.0		7	100.0		0	0.0		0	0.0		25	100.0

TREPHO TERRACE

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services	, and Activities as of 12,	/31/02
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	્રે	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	13.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	20.0		60.0	20.0	25
	4.5					20.0	25
Acute Care Hospitals	77.3	Transferring	48.0		44.0	8.0	25
Psych. HospMR/DD Facilities	0.0	Toilet Use	44.0		48.0	8.0	25
Rehabilitation Hospitals		Eating				4.0	25
Other Locations	4.5	* * * * * * * * * * * * * * * * * * * *	******	****	*****	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	22	Continence		용	Special Trea	tments	ે
Percent Discharges To:	1	Indwelling Or Externa	ıl Catheter	4.0	Receiving	Respiratory Care	4.0
Private Home/No Home Health	4.2	Occ/Freq. Incontinent	of Bladder	60.0	Receiving	Tracheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	36.0	Receiving	Suctioning	0.0
Other Nursing Homes	12.5				Receiving	Ostomy Care	12.0
Acute Care Hospitals	41.7	Mobility			Receiving	Tube Feeding	4.0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	ł	0.0	Receiving	Mechanically Altered Diets	32.0
Rehabilitation Hospitals	0.0						
Other Locations	4.2	Skin Care			Other Reside	nt Characteristics	
Deaths	37.5	With Pressure Sores		0.0	Have Advan	ce Directives	100.0
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	24				Receiving	Psychoactive Drugs	28.0

************************ Ownership: Bed Size: Licensure: Nonprofit Skilled This Under 50 All Peer Group Peer Group Facility Peer Group Facilities 용 Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 92.9 85.6 1.08 71.9 1.29 84.2 1.10 85.1 1.09 Current Residents from In-County 88.1 85.3 1.08 92.0 1.04 77.5 1.19 76.6 1.20 Admissions from In-County, Still Residing 45.5 23.6 1.92 30.6 1.48 21.0 2.16 20.3 2.24 153.9 Admissions/Average Daily Census 84.6 134.2 106.0 0.80 0.55 133.4 0.63 0.63 Discharges/Average Daily Census 92.3 140.2 0.66 100.7 0.92 156.0 0.59 135.3 0.68 3.8 Discharges To Private Residence/Average Daily Census 46.8 0.08 15.9 0.24 56.3 0.07 56.6 0.07 Residents Receiving Skilled Care 88.0 90.1 0.98 69.5 1.27 91.6 0.96 86.3 1.02 Residents Aged 65 and Older 100 96.3 90.1 1.11 91.5 1.09 87.7 1.14 1.04 Title 19 (Medicaid) Funded Residents 72.0 1.19 60.8 1.18 52.8 1.36 60.3 67.5 1.07 Private Pay Funded Residents 28.0 34.8 0.80 37.1 0.76 23.4 1.20 21.0 1.33 Developmentally Disabled Residents 0.0 0.6 0.00 0.0 0.8 0.00 7.1 0.00 Mentally Ill Residents 60.0 35.2 1.70 41.1 32.8 1.83 33.3 1.80 1.46 General Medical Service Residents 16.0 23.7 0.68 19.9 0.81 23.3 0.69 20.5 0.78 48.7 Impaired ADL (Mean) 36.0 50.5 0.71 0.74 51.0 0.71 49.3 0.73 Psychological Problems 28.0 54.7 0.51 56.3 0.50 53.9 0.52 54.0 0.52 7.2 7.2 0.90 7.2 0.90 Nursing Care Required (Mean) 6.5 0.90 6.7 0.97